

Duplicate

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/596973

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
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7						
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9						
10						
11						
12						
13		1				
14						
15	1					
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48						
49						
50						
TOTAL IND.	2					
			↓			↓
TOTAL DEP.	18	←		←		←
TOTAL CLAIMS	20					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

U.S. DEPARTMENT OF COMMERCE